

16th ACA & 7th NCIC

2nd to 5th July 2009

Sutera Harbour Resort, Kota Kinabalu, Sabah, Malaysia

REGISTRATION FORM

(photocopies of this form is accepted)

LOCAL DELEGATE

Title: Prof / Dr / Dato' / Datin / Mr / Mrs / Ms

Full name

Name on badge (Limited to 15 alphabets)

Institution

Correspondence Address

Post Code

Country

Telephone

Fax

Email

Specialty

Dietary requirement: Vegetarian Non-vegetarian

REGISTRATION FEES

Category	Before 31 st March 2009	After 1 st April 2009 Before 15 th June 2009	On Site	Amount
• Member of MSA/MPA • Medical Officer • Allied Health Professional	RM 700	RM 800	RM 1000	
Non-Member of MSA/MPA	RM 800	RM 900	RM 1000	
Accompanying Person	RM 600	RM 700	RM 800	
			TOTAL	

Separate registration fees for the Pre-Congress Workshops shall apply.

Cheque / bankdraft is to be issued in favour of "16th ACA"

Date

Signature

Please return the completed form with the appropriate fee to:

Conference Secretariat

16th ACA & 7th NCIC

19 Jalan Folly Barat, 50480 Kuala Lumpur, Malaysia